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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# ALCOHOL USE QUESTIONNAIRE (ADS)

SEP  
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The questions in this booklet are about your  
use of alcohol during the *past 12 months*.

## INSTRUCTIONS

1. Carefully read each question and the possible answers provided. Answer each question by circling the ONE choice that is most true for you.
2. The word "drinking" in a question refers to "drinking of alcoholic beverages."
3. Take as much time as you need. Work carefully, and try to finish as soon as possible. Please answer ALL questions.

If you have difficulty with a question or have any problems, please ask the questionnaire administrator.

*These questions refer to the past 12 months*

1. How much did you drink the last time you drank?
  - a. Enough to get high or less
  - b. Enough to get drunk
  - c. Enough to pass out
  
2. Do you often have hangovers on Sunday or Monday mornings?
  - a. No
  - b. Yes
  
3. Have you had the “shakes” when sobering up (hands tremble, shake inside)?
  - a. No
  - b. Sometimes
  - c. Almost every time I drink
  
4. Do you get physically sick (e.g. vomit, stomach cramps) as a result of drinking?
  - a. No
  - b. Sometimes
  - c. Almost every time I drink
  
5. Have you had the “DTs” (delirium tremens) — that is, seen, felt or heard things not really there; felt very anxious, restless, and over-excited?
  - a. No
  - b. Once
  - c. Several times

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6. When you drink, do you stumble about, stagger, and weave?
  - a. No
  - b. Sometimes
  - c. Often
7. As a result of drinking, have you felt overly hot and sweaty (feverish)?
  - a. No
  - b. Once
  - c. Several times
8. As a result of drinking, have you seen things that were not really there?
  - a. No
  - b. Once
  - c. Several times
9. Do you panic because you fear you may not have a drink when you need it?
  - a. No
  - b. Yes
10. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?
  - a. No, never
  - b. Sometimes
  - c. Often
  - d. Almost every time I drink

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11. Do you carry a bottle with you or keep one close at hand?
- a. No
  - b. Some of the time
  - c. Most of the time
12. After a period of abstinence (not drinking), do you end up drinking heavily again?
- a. No
  - b. Sometimes
  - c. Almost every time
13. In the past 12 months, have you passed out as a result of drinking?
- a. No
  - b. Once
  - c. More than once
14. Have you had a convulsion (fit) following a period of drinking?
- a. No
  - b. Once
  - c. Several times
15. Do you drink throughout the day?
- a. No
  - b. Yes





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16. After drinking heavily, has your thinking been fuzzy or unclear?
- a. No
  - b. Yes, but only for a few hours
  - c. Yes, for one or two days
  - d. Yes, for many days
17. As a result of drinking, have you felt your heart beating rapidly?
- a. No
  - b. Once
  - c. Several times
18. Do you almost constantly think about drinking and alcohol?
- a. No
  - b. Yes
19. As a result of drinking, have you heard “things” that were not really there?
- a. No
  - b. Once
  - c. Several times
20. Have you had weird and frightening sensations when drinking?
- a. No
  - b. Once or twice
  - c. Often

21. As a result of drinking, have you “felt things” crawling on you that were not really there (e.g. bugs, spiders)?
- a. No
  - b. Once
  - c. Several times
22. With respect to blackouts (loss of memory):
- a. Have never had a blackout
  - b. Have had blackouts that last less than an hour
  - c. Have had blackouts that last for several hours
  - d. Have had blackouts that last for a day or more
23. Have you tried to cut down on your drinking and failed?
- a. No
  - b. Once
  - c. Several times
24. Do you gulp drinks (drink quickly)?
- a. No
  - b. Yes
25. After taking one or two drinks, can you usually stop?
- a. Yes
  - b. No